

Supplementary Table 1: Overview of study visits and planned procedures				
	Enrolment 6 weeks of age	Follow-up visit ^a	Endpoint 12 months post- enrolment	TB Diagnosis
HIV testing (per MOH)	x	x ^b	x	
Enrolment	x			
Sociodemographic survey	x	x	x	
Health history	x	x	x	
Physical exam	x	x	x	
TB symptom screen	x	x	x	
SAE assessment		x	x	
Adherence assessment via questionnaire, urine INH testing ^c		x	x	
TB exposure assessment	x	x	x	
Infant blood draw (PBMC/plasma, LFT ^c)	x ^d	x ^d		
Maternal blood draw (PBMC/plasma)	x			
Maternal breast milk collection	x			
Infant stool collection	x			
Infant TST placement			x ^e	x ^e
Infant blood draw (IGRA)			x ^e	x ^e
Infant hair collection ^c			x	

^a Follow-up visits will occur at 10 and 14 weeks of age, and 6, 9, and 12 months of age.

^b Infant DNA PCR will be drawn at 6 weeks of age and HIV antibody test will be drawn at 12 months of age per Kenyan MOH guidelines.

^c For infants randomised to INH

^d For all infants, blood will be drawn for PBMCs and plasma at the 10-week-of-age visit. For infants randomised to INH arm, LFTs will be drawn at baseline (6 weeks) and 10 weeks of age (1 month post INH initiation).

^e Blood will be drawn to assess the presence of Mtb infection at study endpoint, time of TB diagnosis, and in the event of study withdrawal using QFT-Plus. If blood volume is insufficient for QFT-Plus (<4ml), blood will be processed for PBMCs for flow cytometry-based assessment of Mtb infection. TST will be placed and read within 48-96 hours.